

SEEKING APPLICANTS FOR WASHINGTON FISH AND WILDLIFE COMMISSION ADVISORY COMMITTEE FOR PERSONS WITH DISABILITIES

RESPONSIBILITIES: • Advisory Committee members generally represent the interests of hunters and fishers with disabilities on matters including, but not limited to: special hunts, modified sporting equipment, access to public land, and hunting and fishing opportunities.

COMPOSITION AND TERMS:

- Advisory Committee is comprised of seven members, each being a person with a disability. One resident from each of the Department of Fish and Wildlife's six administrative regions serve, plus one additional member appointed "at-large."
- Members represent the entire state.
- Members serve four-year terms
- Must attend Advisory Committee meetings, which take place at least semi-annually.
- Members serve without compensation but receive reimbursement for travel expenses (lodging, meals, and transportation).

QUALIFICATIONS: Member must be a person with a disability, have a good understanding of hunting, fishing and wildlife viewing, and be available to travel and attend meetings and site visits. For the purposes of this Committee, qualifications include, but are not limited to:

- ☐ Permanent Disability – Is not ambulatory over natural terrain without a lower extremity prosthesis **or** must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, walker or oxygen bottle.
- ☐ Permanent Disability – Physically incapable of holding and safely operating a firearm, legal fishing or shellfishing device.
- ☐ Permanent upper or lower extremity impairment who have lost the use of one or both upper or lower extremities, **or** who have a severe limitation in the use of one or both upper or lower extremities, **or** who have a diagnosed permanent disease or disorder which substantially impairs **or** severely interferes with mobility or the use of one or both upper or lower extremities for holding and safely operating a firearm or other legal hunting device or legal fishing or shellfishing device.
- ☐ Permanently blind or visually impaired.

TO APPLY:

- Submit a one page resume, a statement of why you want to be on the Committee, and a completed application form (available on line at www.wdfw.wa.gov or from Brenda Kane) by **March 10, 2008**, to:

Brenda Kane, ADA Coordinator
Washington Department Fish and Wildlife
600 Capitol Way North
Olympia, WA 98501-1091

QUESTIONS? Contact the Commission at (360) 902-2267, or Brenda Kane at (360) 902-2349.

**APPLICATION FOR
WASHINGTON FISH AND WILDLIFE COMMISSION
ADVISORY COMMITTEE FOR PERSONS WITH DISABILITIES**

Mail to: Washington Fish and Wildlife Commission Telephone: (360) 902-2267
600 Capitol Way North
Olympia, WA 98501-1091

APPLICANT INFORMATION

<hr/> LAST NAME	<hr/> FIRST NAME	<hr/> MI
<hr/> MAILING ADDRESS		
<hr/> CITY ()	<hr/> STATE	<hr/> ZIP CODE
<hr/> TELEPHONE NO.		<hr/> E-MAIL ADDRESS
<hr/> WILD ID #	<hr/> DISABLED HUNTER PERMIT#	<hr/> HARVESTER CARD#

Please ask your doctor to complete the information below if you do not have a Disabled Hunter Permit or Harvester Card.

Physician: Please check the following applicable boxes:

- ☐ Permanent Disability – Is not ambulatory over natural terrain without a lower extremity prosthesis **or** must permanently use a medically prescribed assistive device for mobility, including, but not limited to, a wheelchair, crutch, cane, walker or oxygen bottle.
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"I hereby certify under penalty of perjury under the laws of the state of Washington that the above named individual is qualified as checked above and defined in 77.04.150 RCW, and that I am a physician licensed to practice in the state in which the applicant resides."

<hr/> Physician's Name (Please Print)	<hr/> Physician's Signature	<hr/> Date
<hr/> Address	<hr/> City	<hr/> State
		<hr/> Zip Code
<hr/> Telephone # (include area code)		<hr/> E-Mail Address

MEDICAL LICENSE NUMBER: _____
(Mandatory)